

Affidavit of Laurence V. Cronin

Exhibit R

Wilmington Health Care Center
501 W. 14th Street
Wilmington, DE 19801
FAX: 302 428-8403
Phone: 302 428-8496

CHRISTIANA CARE HEALTH SERVICES

From (office of): _____

CONFIDENTIAL

To: Li Bombard Date: 5/20/04
Fax: 1154 1074 No. of Pages: 1 + cover
Phone: _____

From: ☐ Shella Mathis, RN
☐ Alberta Lockhart, MA
☐ Shazi Zodeh, RN
☐ Donna McNee, RN
☐ _____

Re: K

Message: Cigna form

MESSAGE CONFIRMATION

05/20/2004 13:46
ID=MARY BETHS OFFICE 4284627

DATE	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
05/20	00'42"	84541074	CALLING	02	OK 0000

05/20/2004 13:45 MARY BETHS OFFICE 4284627 → 84541074

NO. 468 001

Message:

Re:

From: ☐ Shelia Mathis, RN
☐ Alberta Lookman, MA
☐ Shazi Zodeh, RN
☐ Donna McNea, RN

HL-084

Affidavit of Laurence V. Cronin

Exhibit S

9729877147
MAY. 7. 2004 10:54AM CIGNA DALLAS

NO. 597 P. 1/1

Facsimile Transmission Cover Sheet



CIGNA Group Insurance
Life • Accident • Disability

Transmit to FAX number 302-428-6403	Date 05/07/04	Time (including this sheet):	Total number of pages 1
To	From		
Name Dr. Emily Jane Penman	Name Charlene Crowder		
Company	Department		
Phone 302-428-4413	Fax: 1.800.325.7016		
Address	Phone (800) 352-0611, ext. 5686		
	Address D212 12225 Greenville Ave Suite 1000 Dallas, Texas 75243		

Patient: Hestel Lipscomb REDACTED

Currently evaluating a Short Term Disability claim for the above named patient. In order to make a determination on your patients disability benefits we need the following please:

What is the current diagnosis? What was the first date of treatment for current diagnosis? REDACTED

What is the first day the doctor certified the patient disabled? Hospitalized/ dates: 4/29/04 - 5/17/04

What are the current limitations/restrictions that prevent or prevented the patient from working? Multiple slow movements

Please send copies of all current test results and office notes from April 2004 through the present.

What are the current treatment plan goals and when do you anticipate a full time return to work? Return to work 5/17

What is next office visit? Will need genetic counseling.

Please list medications and test to be done. Pain meds with the doctor.

Thank you for your cooperation in this matter. Should you have any other further questions, please do not hesitate to contact us to expedite the processing of the claim, we ask that you respond to our request via facsimile 1.800.325.7016.

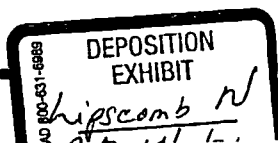
Sincerely,
Charlene Crowder
Facsimile

[Handwritten signature: J. L. K...]
K... 5/11/04

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

Insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, Life Insurance Company of New York, and Connecticut General Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

Acknowledgment Requested



To Fax a reply, dial: (800) 325.7016

Wilmington Health Care Center
501 W. 14th Street
Wilmington, DE 19801
FAX: 302 428-8403
Phone: 302 428-8496

CHRISTIANA CARE HEALTH SERVICES

From (office of): _____

CONFIDENTIAL

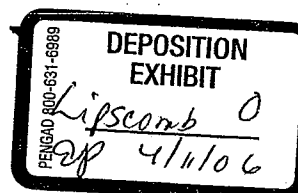
To: Lipscomb
Fax: 454-1074
Phone: _____

Date: 5/20/04
No. of Pages: 1 + cover

- From: ☐ Shella Mathis, RN
☐ Alberta Lockhart, MA
☐ Shazi Zodeh, RN
☐ Donna McNee, RN
☐ _____

Re: _____

Message: Cigna form



Wilmington Health Care Center
501 W. 14th Street
Wilmington, DE 19801
FAX: 302 428-6403
Phone: 302 428-6496

CHRISTIANA CARE HEALTH SERVICES

From (office of): Surgical Practice

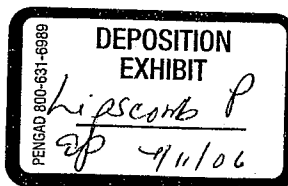
CONFIDENTIAL

To: Cigna Date: 6/21/04
Fax: 1-800-325-7016 No. of Pages: 1 + cover
Phone: _____

From: ☐ Sheila Mathis, RN
☐ Alberta Lockhart, MA
☒ Shazi Zodeh, RN
☐ Donna McNee, RN
☐ _____

Re: Hesial Lipscomb

Message: _____



HL-087

HL-084

From: ☐ Shella Mathis, RN
☐ Alberta Lockhart, MA
☒ Shazi Zodeh, RN
☐ Donna McNee, RN
☐

Re: HesTal Lipscomb

Message:

06/21/2004 08:54 MARY BETHS OFFICE 4284627 → 818003257016 NO.528 001

06/21 00'42" 18003774286 CALLING 02 OK 0000
DATE S,R-TIME DISTANT STATION ID MODE PAGES RESULT

06/21/2004 08:55
ID=MARY BETHS OFFICE 4284627

MESSAGE CONFIRMATION

Wilmington Health Care Center
501 W. 14th Street
Wilmington, DE 19801
FAX: 302 428-6403
Phone: 302 428-6496

CHRISTIANA CARE HEALTH SERVICES

From (office of): Surgical Practice

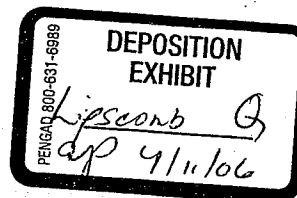
CONFIDENTIAL

To: Cigna Date: 6/21/04
Fax: 1-800-325-7016 No. of Pages: 1 + cover
Phone: _____

From: ☐ Sheila Mathis, RN
☐ Alberta Lockhart, MA
☒ Shazi Zodeh, RN
☐ Donna McNee, RN
☐ _____

Re: Hesial Lipscomb

Message: _____



7:2004 10:54AM

5/25/04
CIGNA LAS

NO. 597 P. 1/1

simile Transmission Cover Sheet

CIGNA Group Insurance
Life • Accident • Disability

Transmit to FAX number 02-428-6403	Date 05/07/04	Time (including this sheet):	Total number of pages 1
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o	From
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Name
Dr. Emily Jane Penman
Company

Phone
302-428-4413

Address

Name
Charlene Crowder
Department
Fax: 1.800.325.7016
Phone
(800) 352-0611, ext. 5686
Address
D212
12225 Greenville Ave
Suite 1000
Dallas, Texas 75243

Patient: Hestel Lipscomb DOB: REDACTED

are currently evaluating a Short Term Disability claim for the above named patient. In order to make a determination on our patients disability benefits we need the following please:

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Please send copies of all current test results and office notes from April 2004 through the present.

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Please list medications and test to be done. Pain meds on the counter.

Thank you for your cooperation in this matter. Should you have any other further questions, please do not hesitate to contact. To expedite the processing of the claim, we ask that you respond to our request via facsimile 1.800.325.7016.

Sincerely,
Charlene Crowder
Case Manager

Jo Sh. Kuro
Grant S/AE

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[] Acknowledgment Requested

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Exhibit T

July 9 (Friday)

Spoke with Kim Rudeen Sr. Case Manager at CIGNA today. She advised that Roberta appealed the original denial and they are now denying her appeal. She only proved proof that she was under doctor's care for four days (May 17 – 20). SHORT TERM DISABILITY doesn't cover anything less than 5 days. She conference FMLA in on the call and they advised that a letter was being sent to Roberta today and she has 15 days to respond with medical documentation of approval for her FMLA which will be without pay since the SHORT TERM DISABILITY was denied.

Spoke with Christine Cornwell in HR regarding the above and she is going to touch basis with ER as to our options.

Christine Cornwell called back and advised me that she spoke with Erica Garrett in ER. She advised her that we will need medical documentation for the time she was

away from work. If she doesn't have it then we will need to deem her absences as unexcused. We have two options from here:

Option 1 – Bring her back to work and take the necessary action to place on her an Attendance Improvement Plan

Option 2 – Terminate

Christine mentioned that ER strongly recommends that we are consistent with all team members on the account that fall into this situation.

Discussed with Lance Rogers today and we both agreed that we should go with Option 2. I left her a message at 2:35 today asking her to return my call.

Rogers, Lance E

From: Rogers, Lance E
Sent: Monday, July 19, 2004 4:31 PM
To: Wasno, Kay
Cc: Dominica, Ralph J
Subject: Separation Meeting Roberta McWilliams 07/19/04

Kay called Roberta into the office a little after 4:00 on 07/19/04. Kay updated Roberta that EDS Disability had been in contact with us. Kay asked if Roberta had any additional information from them. Roberta indicated she had not heard from them since last week when she sent the information to them. Kay indicated that Roberta's appeal of the denied appeal of her disability had also been denied and that she would be receiving information from them in the mail. Kay indicated it was probably mailed over the weekend. Kay indicated that based on this denial, Roberta's absences are viewed by EDS as unexcused absences. Roberta indicated she understood and asked if there was any opportunity to appeal. Kay indicated she did not believe so, that the time for providing the requested information had been exhausted. Roberta asked if we were firing her because her short term disability had been denied. Kay clarified that because it had been denied, the absences are considered unexcused absence and that Roberta was being separated because of the excessive unexcused absence. Roberta asked about FMLA. Kay indicated that FMLA was provided and that Roberta had been paid through June 12th and that her unexcused absence was the reason for termination. Roberta indicated she was stunned and said ok. Kay indicated to Roberta that we would collect her badge and that I would walk Roberta out. I went with Roberta to her desk. Roberta gathered her belongings, I collected her badge and escorted Roberta out of the building.

Lance Rogers

EDS, Delaware Healthcare Services
248 Chapman Rd. Suite 100
Newark, DE 19702

☎ phone: +01-302-454-7622 x132

Fax: +01-302-454-9375

✉ <mailto:lance.rogers@eds.com>

Cell: 302-893-0180

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Sent: Thursday, August 05, 2004 12:33 PM

To: unemploymentclaims@exsc01.exch.eds.com

Subject: Reply By: 8/6/2004 Unemployment State Call on NO NAME SSN: ###-##-9441 Inhouse: E161

Please send your response to TALX UC eXpress no later than 11:56 AM (CT) on 08/06/04

A timely response to this request is critical to controlling your unemployment tax cost. Should you have any questions or concerns, please feel free to contact your TALX UC eXpress representative.

To: EDS RESOURCE MANAGEMENT CORPORATION
Mr Brian Hinton
Fax:

From: Tara Hinthorne
TALX UC eXpress
Phone: (314) 997-2100 x2851
Fax: (314) 983-3851
Email: clms2851@talx.com

REDACTED

Claimant: NO NAME
Claim State: DE
Employer Statement: Discharge - Absenteeism and tardiness. Claimant Statement:
Claimant Statement of Last Date Worked: **July 19, 2004**

Following, you will find additional questions related to this document:

the state is requesting the details on the discharge that took place on July 19

Roberta was out of the office from May 11 through July 12 and it was considered unexcused absences as she failed to provide the appropriate documentation to our Short Term Disability vendor.

Name of person completing form: **Kay Wasno**
Title of person completing form: **Provider Relations Manager**

Location: 48221
Inhouse E161070 C
Work State: DE
UCM:
Emp ID:

File Edit View System Help



Robert McWilliams was separated effective 07/19/04 because of excessive unexcused absenteeism. She is not eligible for rehire.

• JJ2, Co 56

Ln 1 - Ln 16 of 16 lines

Prints the window's content

PL1 (1) (010) uspsap70 INS 7/16/53